₹ >

PTO/SB/01A (10-01)

Approved for use through 10/31/2002 OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE the Paperwork Reduction Act of 1995 no persons are required to respond to collection of information unless it displays a valid OMB control number.

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of Invention	ANGIOGENESIS-INHIBITORY TRIPEPTIDES, COMPOSITIONS AND THEIR METHODS OF USE							
As the below named inventor(s), I/we declare that:								
This declaration is	directed to:							
	☐ The attac	ched application, or						
		on No. <u>10/074,389,</u>	filed on <u>Februar</u>	y 12, 2002,				
	☐ as ar	nended on (it	f applicable);					
I/we believe that I/which a patent is so		original and first in	ventor(s) of the	subject matter which is claimed and	for			
		nd the contents of the first of		ified application, including the claims,	as			
to me/us to be mat	erial to patentab the filing date o	oility as defined in 3° f the prior application	7 CFR 1.56, inc	d Trademark Office all information kno duding material information which beca onal or PCT International filing date of	ame			
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.								
FULL NAME OF IN	VENTOR(S)							
Inventor one:	IARK A. SCIAL	BONE						
Signature:	WIZA		Citizen of	UNITED STATES				
Inventor two:	SHAKER AHME	D MOUSA						
Signature:			Citizen of	UNITED KINGDOM				
Inventor three:	STEVEN W. SH	ŲĘY						
Signature:	they H.S	ling	Citizen of	UNITED STATES				
Inventor four:								
Signature:			Citizen of:					
Additional inventors are being named on additional form(s) attached hereto.								

Burden Hour Statement: This collection of information is required by 35 U S C 115 and 37 CFR 1 63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U S C 122 and 37 CFR 1 14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief information Officer. U S. Patent and Trademark Office. Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Assistant Commissioner for Patents. Washington, DC 20231.

PTO/SB/01A (10-01)
Approved for use through 10/31/2002 OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

AUS 0 5 2002

U.S. Patent and Trademark Office. U.S. DEPARTMENT OF COMMERCE U.S. DEPARTMENT OF U.S. DEPART

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of Invention	OF USE						
As the below name	As the below named inventor(s), I/we declare that:						
			~~~				
This declaration is	directed to:						
	☐ The attached application, or						
	Application No. 10/074,389, file	d on <u>February 12, 2002</u> ,					
	as amended on (if a	oplicable);					
I/we believe that I/which a patent is so		ntor(s) of the subject matter which is claim	med and for				
	d and understand the contents of the mendment specifically referred to above	e above-identified application, including the;	e claims, as				
to me/us to be mat available between	I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and						
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.							
FULL NAME OF IN	IVENTOR(S)						
Inventor one:	MARK A. SCIALDONE						
Signature:		Citizen of: UNITED STATES					
Inventor two:	SHAKER AHMED MOUSA						
Signature:	Hu	Citizen of: UNITED KNOOM STA	tes				
Inventor three:	STEVEN W. SHUEY						
Signature:		Citizen of: UNITED STATES					
Inventor four:							
Signature:		Citizen of:					
Additional inventors are being named on additional form(s) attached hereto.							

Burden Hour Statement. This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief information Officer. U.S. Patent and Trademark Office. Washington. DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Assistant Commissioner for Patents. Washington. DC 20231.



PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

### **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	10/074,389
Filing Date	February 12, 2002
First Named Inventor	Mark A. Scialdone
Title	ANGIOGENESIS-INHIBITORY TRIPEPTIDES, COMPOSITIONS AND THEIR METHODS OF USE
Group Art Unit	1643
Examiner Name	
Attorney Docket Number	CL1723 US NA

<del></del>						
I hereby appoint:			<b>******</b>			
Practitioners at Customer Number	23906		^23906^			
OR			PATENT TRADEMARK OFFICE			
☐ Practitioner(s) named below:						
Name		Registration N	umber			
as my/our attorney(s) or agent(s) to p	prosecute the application ide	entified above, and to	transact all business in the			
United States Patent and Trademark						
Please change the correspondence addre	ess for the above-identified a	application to:				
	ber	•				
OR						
☐ Practioners at Customer Number			Place Bar Code Label Here			
OR						
☐ Firm <i>or</i> Individual Name						
Address						
Address						
City	State		ZIP			
Country						
Telephone	Fax					
I am the:						
Applicant/Inventor						
Assignee of record of the entire interest. See 37 CFR 3.71.  Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
SIGNATURE of Applicant or Assignee of Record						
Name MARK A. SCIALDONE						
Signature ( )						
Date 5 23 0 2						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
Total of forms are submitted.	,					

Burden Hour Statement. This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer. U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of the Paperwork Reduction Reduct



PTO/SB/81 (02-01)

Approved for use through 10/31/2002 OMB 0651-0035 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

he Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it contains a valid OMB control number

# POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/074,389				
Filing Date	February 12, 2002				
First Named Inventor	Mark A. Scialdone				
Title	ANGIOGENESIS-INHIBITORY TRIPEPTIDES, COMPOSITIONS AND THEIR METHODS OF USE				
Group Art Unit	1643				
Examiner Name					
Attorney Docket Number	CL1723 US NA				

I hereby appo		omer Number	23906			*2390	D6*
OR		'				PATENT TRADEMA	RK OFFICE
☐ Practition	er(s) name	d below					
		Name			Registration N	lumber	1
							1
							1
						·	
		y(s) or agent(s) to pent and Trademark			tified above, and to	transact all busin	ess in the
Please chan	ige the corr	espondence addre	ss for the above-ide	entified app	plication to:		
_	ve-mention	ed Customer Numb	per				
OR December	0	amaa Muunkaa		-	-	Place Bar Code I	Label Here
OR	ers at Cust	omer Number					
☐ Firm or							
_	Individual Name						
Address				<del></del>			
Address				. <u> </u>		1	
City				State		ZIP	
Country				<del></del>			
Telephone				Fax			
I am the:							
Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71.  Certificate under 37 CFR 3 73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Name STEVEN W. SHUEY							
Signature Stem on, Stry							
Date 5/16/62							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
Total of forms are submitted							

#### POWER OF ATTORNEY OR **AUTHORIZATION OF AGENT**

Please type a plus sign (+) inside this box  Please type a plus sign (+) inside this box  Dunder the Paperwork Reduction Act of 1995, no persons are		PTO/SB/81 (02-01) Approved for use through 10/31/2002 OMB 0651-0035 I Trademark Office, U.S. DEPARTMENT OF COMMERCE information unless it contains a valid OMB control number
Under the Paperwork Reduction Act of 1995, no persons are	Application Number	10/074,389
	Filing Date	February 12, 2002
POWER OF ATTORNEY OR	First Named Inventor	Mark A. Scialdone
AUTHORIZATION OF AGENT	Title	ANGIOGENESIS-INHIBITORY TRIPEPTIDES, COMPOSITIONS AND THEIR METHODS OF USE
	Group Art Unit	1643
	Examiner Name	
	Attorney Docket Number	CL1723 US NA

hereby appoi				1,000,000			
			*23906*				
OR PATENT TRADEMARK OFFICE							
Practitione	er(s) named below						
_	Name		Registration N	lumber			
_							
	, <u>, , , , , , , , , , , , , , , , , , </u>						
	ur attorney(s) or agent(s) to p States Patent and Trademark			transact all business in the			
Please chang	ge the correspondence addre	ess for the above-identif	fied application to:				
	e-mentioned Customer Num						
OR							
<del>_</del>	ers at Customer Number			Place Bar Code Label Here			
OR							
Firm or Individua	Firm or Individual Name						
Address							
Address			· · · · · · · · · · · · · · · · · · ·				
City		St	tate	ZIP i			
Country							
Teiephone		F	ax				
I am the:  Applicant/Inventor							
		rest See 37 (FR 3.71	1				
Assignee of record of the entire interest. See 37 CFR 3.71.  Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
SIGNATURE of Applicant or Assignee of Record							
Name	SHAKER A. MOUSA						
Signature	-86						
Date	Date 06/02/02						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
Total of _	forms are submitted						